

Substitute for form 1449/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	09/724,319
<i>(Use as many sheets as necessary)</i>				Filing Date	November 27, 2000
				First Named Inventor	Schenk, Dale B.
				Art Unit	1649
				Examiner Name	Ballard, Kimberly
Sheet	1	of	1	Attorney Docket Number	15270J-004743US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	2-99	U.S. Application No. 09/322289, Examiner Interview Summary mailed 01/15/2009.	<input type="checkbox"/>
	2-98	U.S. Application No. 09/723765, Examiner Interview Summary mailed 01/16/2009.	<input type="checkbox"/>
	2-92	U.S. Application No. 09/723765, Examiner Interview Summary mailed 10/08/2008.	<input type="checkbox"/>
	2-101	U.S. Application No. 10/429216, Examiner Interview Summary mailed 03/06/2006.	<input type="checkbox"/>
	2-100	U.S. Application No. 10/544093, Office Action mailed 02/09/2009.	<input type="checkbox"/>
	2-93	U.S. Application No. 10/923471, Examiner Interview Summary mailed 10/20/2008.	<input type="checkbox"/>
	2-96	U.S. Application No. 11/304986, Office Action mailed 12/31/2008.	<input type="checkbox"/>
	2-97	U.S. Application No. 11/305899Office Action mailed 12/10/2008.	<input type="checkbox"/>
	2-94	U.S. Application No. 11/342353, Office Action mailed 11/14/2008.	<input type="checkbox"/>
	2-95	U.S. Application No. 11/842023, Office Action mailed 11/13/2008.	<input type="checkbox"/>

Examiner Signature	/Kimberly Ballard/	Date Considered	03/30/2009
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¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

²Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.